Revised December 1974

IA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD

02444

57140 STATE DEPARTMENT OF HEALTH PRODUCER OF WASTE (Must be filled by producer) HAULER OF WASTE (Must be filled by hauler) SFUND RECORDS CTR ASBURY OIL CO. 888000999 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 P.O. or Contract No.:_____ State Liquid Waste Hauler's Registration No. (if applicable):_ Order Placed By: Job No.: _____ No. of Loads or Trips: ____ Unit No. _ Type of Process which Produced Wastes: - Alam I H M MA Vehicle:

| Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle: | Vehicle (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand 12.

Cannery waste 2. Alkaline solution 7. Chemical toilet wastes DISPOSER OF WASTE (Must be filled the filles the USTRIES, INC. 13. Latex waste 3. Pesticides 8. Tank bottom sediment 2425 So. Garfield Ave 4. Paint sludge 9. 🗆 Oil 14. Mud and water Name (print or type): ___ Monterey Park, Calif. 91754 5. Solvent 10, Drilling mud 15. 🗆 Brine Site Address: __ The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify)____ material under the terms of RWQCB requirements, State Department of Health regulations, and CODE NO Components: local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Lower Quantity measured at site (if applicable): mag organics (list), cyanide) Handling Method(s): ☐ recovery ☐ treatment (specify):: (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) disposal (specify): pond spreading landfill injection well Other (specify): If waste is held for disposal elsewhere specify final location: _ Disposal Date: Hazardous Properties of Waste: Acombustible Corrosive I certify (or declare) under penalty of perjury that the foregoing is true and correct. ☐ toxic explosive (42 gal.) other [SPECIFY] ☐ tons Bulk Volume:_ The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. ☐ drums ☐ cartons ☐ bags Containers: _ Physical State: solid **S**iquid **□**dudge Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. that the foregoing is true and correct. D.O.T. Proper Shipping Name_